

Missouri Oral Health Plan 2015-2020



***A Five-Year Plan for the
Missouri Department of Health and Senior Services***

***Created in Partnership with
the Oral Health State Plan Taskforce***

Missouri Oral Health Plan

2015-2020

The Missouri Department of Health and Senior Services sincerely thanks the members of the Oral Health State Plan Taskforce.

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Introduction

The Missouri Department of Health and Senior Services (DHSS) sought the assistance of a multi-disciplinary Oral Health State Plan Task Force in order to create a new five-year plan for the years 2015 through 2020. Task Force members were selected due to their expertise and insight necessary to create a focused, yet flexible plan. The multidisciplinary task force included dentists, dental hygienists, dental insurers, charitable foundations, and both of Missouri's schools of dentistry. In addition to participating in the Task Force, the Missouri Dental Association and Missouri Primary Care Association have collaborated with DHSS on oral health projects for many years, and their contributions are noted specifically within State Plan objectives and action steps.

Additional assistance was provided by the Missouri Foundation for Health and the Missouri Coalition for Oral Health, which provided the support necessary for the three task force meetings that were held in 2014. For more information about the Missouri Coalition for Oral Health, see page 14.

During each task force meeting, DHSS provided current statistics on Missouri's oral health status. Those findings, reported in Missouri's first comprehensive oral health burden report (www.health.mo.gov/MOHSS) provided necessary context and urgency for the state plan goals, objectives, and action steps.

The result of this collaboration is the Missouri Oral Health Plan: 2015-2020. The plan is intended as an update to the previous five-year plan created in 2009. In contrast to the previous plan which had a broader focus, the plan presented here is intended to primarily guide efforts of DHSS. The resulting document is specific to the public health arena, expertise, and areas of responsibility.

Due to this focus, it was natural to use the three public health functions (assessment, policy development, and assurance) as the basis for the Plan. The Ten Essential Public Health Services that correspond to the three public health functions have been adapted for oral health programs by the Association for State and Territorial Dental Directors and other professional organizations. The Ten Essential Public Health Services for oral health programs were used as the foundation for the goals and activities included in the Plan.

Additionally, five guiding principles set the tone for the Missouri Oral Health Plan (see Box 1). These guiding principles include responsibility, collaboration, inclusiveness, flexibility, and accountability.

Box 1. Guiding Principles

Responsibility.

This plan is intended to be a Task Force-driven set of activities to be carried out primarily by DHSS, particularly by staff of the Missouri Oral Health Program (MOHP) and State Dental Director.

Collaboration.

Oral health stakeholders clearly play an essential role in the successful implementation of the State Oral Health Plan.

Inclusiveness.

The Missouri Oral Health Plan seeks to improve the oral health of all Missourians. Special attention is therefore required to address disparities in access to dental care, risk factors, and oral health outcomes.

Flexibility.

The roadmap presented here is designed to allow DHSS and its partners the flexibility needed to address emerging oral health issues, respond to new opportunities, and adapt over the next five years.

Accountability.

Continuous evaluation and reporting will ensure accountability as DHSS and its partners implement the Missouri Oral Health Plan.



Who are we?

The Missouri Oral Health Program (MOHP) is located within the Office of Primary Care and Rural Health (OPCRH). OPCRH is housed alongside the State Dental Director in the DHSS Director's Office. This provides the MOHP and State Dental Director with the opportunity to collaborate with programs across the agency.

This capacity is further enhanced for the State Dental Director, whose position is co-located within the Missouri Department of Social Services (DSS). DSS oversees the state's Medicaid agency, MO HealthNet. The State Dental Director is responsible for guiding statewide oral health efforts, communicating with decision-makers at all levels, and representing Missouri on the national stage.

The MOHP is staffed by a Program Manager, a Health Program Representative, an Epidemiology Specialist, and several part-time Project Specialists. These Project Specialists maintain data integrity and assist with special projects. Additionally, five Registered Dental Hygienists each cover a region of the state in which they implement the Preventive Services Program and coordinate oral health outreach and education.

This diverse and flexible staffing has allowed the MOHP to implement a broad range of projects, including:

- ◆ Title V Maternal and Child Block Grant projects:
 - ◆ Education and promotion of oral health among maternal and child populations, including a project with the Missouri Dental Association.
 - ◆ Operating the Preventive Services Program, an evidence-based fluoride varnish and oral health education program.
 - ◆ Supporting access to dental care in Federally Qualified Health Centers, particularly for maternal and child populations.
 - ◆ Maintaining the Missouri Oral Health Surveillance System and creating special reports.
- ◆ Oral Health Workforce Grant projects:
 - ◆ Pipeline programs to encourage disadvantaged and minority high school students to pursue careers in oral health.
 - ◆ Student loan repayment for dentists that commit to practice in underserved areas.
 - ◆ Two school-based dental sealant programs.
- ◆ Public Health and Preventive Services Grant project:
 - ◆ Community water fluoridation education and infrastructure support.
- ◆ Supporting the Elk's Mobile Dental Unit, which provides dental care for children and adults with developmental disabilities across Missouri.

Mission: To improve the oral health of Missourians through education, prevention, and leadership.

Vision: Optimal oral health for all Missourians.

Current Status

An overview of Missouri's current oral health status is presented here to provide context and a starting point for the Missouri Oral Health Plan: 2015-2020. A comprehensive oral health burden report and fact sheets on special topics are available at www.health.mo.gov/MOHSS.

Appendix 1 shows each component required within the National Oral Health Surveillance System along with current statistics for Missouri and the nation as a whole, as well as Healthy People 2020 and Missouri-specific objectives. A few items to note are that Missouri has lower dental visit rates and more tooth loss among adults than is observed nationally. Oral cancer rates are higher for Missourians as well. Missouri's third graders have a lower dental sealant rate than is observed nationally. More Missourians served by community water systems receive optimally fluoridated water than the national average.

- ♦ A 2009 assessment of oral health among older Missourians found that a greater proportion of skilled nursing residents had more untreated tooth decay, severe periodontal disease, and missing teeth than was observed for older Missourians living independently. Those living in skilled nursing facilities were also less likely to have visited a dentist in the last year.
- ♦ Only about 44% of women visited a dentist during their most recent pregnancy, according to 2011 findings from the Pregnancy Risk Assessment Monitoring System.
- ♦ In 2013, there were more than 57,000 emergency department visits for preventable, non-traumatic dental complaints among Missouri residents. It is estimated that costs related to these visits exceeded \$17.5 million.
- ♦ 99 Missouri counties plus areas within the City of Saint Louis and Jackson County have been designated by the federal government as Dental Health Professional Shortage Areas (DHPSA). About 26% of Missourians live within a DHPSA.
- ♦ In 2014, there were 3,274 dentists licensed to practice in Missouri; however, MO HealthNet reported in 2013 there were only 773 dentists with at least one paid Medicaid claim and only 308 billing dentists saw 100 or more beneficiaries under 21 years of age.
- ♦ In addition to having lower dental visit rates than the nation as whole, serious disparities are observed. African Americans had lower dental visit rates than whites. Individuals in the highest education and income categories were more than twice as likely to see a dentist annually than those in the lowest socioeconomic groups.
- ♦ Complete tooth loss among adults 65 and older was more than six times higher among those who did not graduate from high school compared to college graduates.
- ♦ The Southeast Region of Missouri had the lowest dental visit rates and highest rates of tooth loss among older Missourians in the state.

Goal 1. Identify, investigate, monitor, and report on oral health problems, determinants, and disparities.

Activity 1. Create and maintain the Missouri Oral Health Surveillance System.

Action Steps:

- ♦ Create the Missouri Oral Health Surveillance Plan.
- ♦ Provide the most up-to-date data possible at the lowest geographic level available via the Missouri Oral Health Surveillance System.

Activity 2. Assess oral health status, needs, determinants, and disparities.

Action Steps:

- ♦ Acquire data on oral health status, determinants, and indicators from diverse data sources.
- ♦ Seek out detailed demographic data in order to describe disparities in oral health status by race, ethnicity, socioeconomic status, and region of residence.
- ♦ Monitor oral health status among individuals with chronic diseases, disabilities, and other co-factors that adversely affect oral health.

Activity 3. Assess community water fluoridation (CWF) status and needs.

- ♦ Partner with the Missouri Department of Natural Resources to acquire CWF data at the water system level and ensure Centers for Disease Control and Prevention's Water Fluoridation Reporting System receives updated CWF data for Missouri.
- ♦ Collect information on CWF infrastructure and challenges in order to support communities that choose to fluoridate their water supplies.

Activity 4. Assess the capacity and distribution of the oral health workforce.

Action Steps:

- ♦ Compile and analyze data on the number, profession, practice characteristics, accepted payment sources, and geographic distribution of oral health professionals in Missouri.

Activity 5. Disseminate oral health-related data via publications, presentations, data requests, and the Missouri Oral Health Surveillance System.

Action Steps:

- ♦ Update and disseminate Oral Health in Missouri (Missouri's oral health burden report).
- ♦ Create and disseminate special reports on oral health-related topics.
- ♦ Provide appropriate interpretation and context for data provided via the Oral Health Surveillance System, publications, presentations, and data requests.

Goal 2. Coordinate and participate in policy development aimed at improving oral health in Missouri.

Activity 1. Provide leadership to address oral health-related issues.

Action Steps:

- ♦ Maintain a fully staffed Missouri Oral Health Program and retain State Dental Director position.
- ♦ Actively participate in oral health-related organizations such as the Missouri Dental Association, Missouri Dental Hygienists' Association, Association of State and Territorial Dental Directors, and Missouri Primary Care Association.
- ♦ Actively participate in the Missouri Coalition for Oral Health.
- ♦ Support coordinated oral health initiatives such as the DentaQuest Foundation's Oral Health 2020 effort.

Activity 2. Develop plans and policies that address oral health issues.

Action Steps:

- ♦ Update Missouri Oral Health Plan and document progress toward accomplishing goals.
- ♦ Participate in the development of MO HealthNet policies related to oral health services.
- ♦ Participate in planning and policy development sessions upon the request of other state agencies, partners, policymakers, and stakeholder groups.

Activity 3. Support partnerships that address oral health needs.

Action Steps:

- ♦ Provide support for communities that implement oral health projects via technical assistance, letters of support, and data.
- ♦ Encourage collaborative partnerships between and among policymakers, organizations, professionals, and others.
- ♦ Encourage local public health agencies to participate in community partnerships related to oral health and to include oral health experts on local coalitions, commissions, and advisory boards.

Goal 3. Be a resource that provides up-to-date, evidence-based information on oral health issues for medical and dental professionals.

Activity 1. Ensure that professionals in the medical setting (including physicians, nurses, physician assistants) receive up-to-date information on oral health topics.

Action Steps:

- ♦ Provide up-to-date information to medical professionals about the impact of oral health on overall health and well-being via Department-produced publications or links to evidence-based resources.
- ♦ Provide education to physicians (particularly pediatricians) about applying fluoride varnish to prevent tooth decay in children in their practices.
- ♦ Provide school nurses with information and resources to address oral health needs among students.

Activity 2. Ensure oral health care providers receive up-to-date information on oral health topics.

Action Steps:

- ♦ Educate oral health professionals about the link between oral health and overall health.
- ♦ Provide oral health professionals with information on evidence-based practices to prevent and control oral disease across the lifespan.
- ♦ Provide oral health professionals with up-to-date information on infection prevention in dental settings.

Activity 3. Ensure public health practitioners receive up-to-date information on oral health topics.

Action Steps:

- ♦ Disseminate information on oral health topics such as community water fluoridation, the burden of oral disease in Missouri, the long-term consequences of poor oral health, and ways to prevent oral disease.

Activity 4. Provide long-term care facility administrators and staff with up-to-date information about oral health.

Action Steps:

- ♦ Disseminate information to long-term care facilities about the importance of oral health, basic oral hygiene, and how to locate dental services for residents.

Goal 4. Increase awareness and knowledge about the importance of oral health across the lifespan.

Activity 1. Educate Missourians about oral health.

Action Step:

- ♦ Educate the public about the keys to good oral health using culturally and linguistically appropriate literature and messages via outreach, social media, and the DHSS website.
- ♦ Educate children about oral health in school- and community-based oral health programs and events.
- ♦ Provide education to the public and communities regarding the safety and effectiveness of community water fluoridation for the prevention of tooth decay.
- ♦ Educate the public about the importance of annual dental visits and preventive measures such as dental cleaning, fluoride varnish, dental sealants, and oral cancer exams.
- ♦ Encourage Missourians to seek care for urgent, non-traumatic dental problems from a dental professional rather than an emergency department or urgent care clinic.

Activity 2. Increase awareness among the general public about the long-term consequences of poor oral health.

Action Step:

- ♦ Educate the public about the impact of oral health status on overall health especially among expectant mothers, individuals with chronic disease, and other high risk groups.
- ♦ Educate the public about the importance of tobacco cessation to prevent periodontal disease and cancer of the oral cavity and pharynx.

Activity 3. Recruit medical and dental professionals to educate their patients on oral health topics.

Action Step:

- ♦ Leverage medical professionals to educate patients about the importance of oral health for overall health and well-being, particularly among expectant mothers and patients with chronic disease.
- ♦ Leverage oral health professionals to educate patients about the impact of oral health for overall health and the link between tobacco use and poor oral health (periodontal disease and cancer of the oral cavity and pharynx).
- ♦ Leverage professionals in public health and other health-related settings to educate the public about the impact of oral health on overall health, strategies to reduce risk, and how to locate dental care.



Goal 5. Implement and collaborate with programs that focus on prevention of oral disease.

Activity 1. Support school-based oral disease prevention and education programs.

Action Step:

- ◆ Continue to implement the Preventive Services Program, an evidence-based fluoride varnish and oral health education program.
- ◆ Promote and fund school-based dental sealant programs, particularly in economically disadvantaged schools.
- ◆ Promote school-based health centers as providers of dental care to children and communities at-large.

Activity 2. Support tobacco cessation as measures to prevent periodontal disease and cancer of the oral cavity and pharynx.

Action Step:

- ◆ Support programs that aim to reduce tobacco use.
- ◆ Support initiatives that aim to limit children's access to tobacco products (including cigarettes and smokeless tobacco).

Activity 3. Collaborate with programs that outreach to low-income children and their mothers in order to get oral health educational materials, supplies, and resources to mothers and children in need.

Action Step:

- ◆ Collaborate with Women, Infants, and Children and the Home Visiting Program within DHSS to provide oral health education and resources to high-risk mothers and children using materials developed in conjunction with the Missouri Dental Association.
- ◆ Outreach to young children about oral health via collaborations with Head Start, Title I Preschools, and similar educational settings.
- ◆ Outreach to women about the importance of good oral health during pregnancy for the health of mothers and infants.
- ◆ Collaborate with the Missouri Primary Care Association to ensure oral health is addressed in Federally Qualified Health Centers, particularly among pregnant women and children.

Activity 4. Promote and support community water fluoridation.

Action Step:

- ◆ Provide support to communities that decide to maintain or initiate the optimal fluoridation of their water systems via education, technical assistance, and available funding.
- ◆ Coordinate among partners to provide educational and technical assistance to address questions about community water fluoridation.

Goal 6. Reduce disparities and promote oral health across the lifespan.

Activity 1. Support and direct interventions and programs that serve individuals with special health care needs.

Action Steps:

- ◆ Collaborate with the Elk's Mobile Dental Unit, which provides dental care for developmentally and intellectually disabled children and adults in underserved areas of Missouri.
- ◆ Partner with the Missouri Department of Elementary and Secondary Education to provide oral health education, screenings and supplies for students at State Schools for the Severely Disabled.
- ◆ Support programs that provide specialized training for dental professionals that provide care to individuals with special health care needs, such as in-person training programs for dental teams.
- ◆ Partner with the Missouri Department of Mental Health and other organizations to address oral health needs among individuals with developmental and intellectual disabilities.

Activity 2. Support programs that serve older adults and individuals in long-term care facilities.

Action Step:

- ◆ Partner with programs within DHSS and community groups that serve older adults and individuals in long-term care facilities to address oral health issues and provide education to patients, caregivers, and long-term care facility staff.

Activity 3. Ensure educational materials and outreach strategies are culturally, educationally, and linguistically appropriate for target populations.

Action Steps:

- ◆ Create educational materials that will communicate most effectively to the population selected for each oral health message, taking culture, gender, age, and reading level into consideration.
- ◆ Translate educational materials into Spanish and other languages needed to target messages optimally.
- ◆ Collaborate with community organizations that have conducted successful outreach to populations selected for education or initiatives, such as faith-based organizations and local partnerships.



Goal 7. Support and enhance access to preventive oral health services and appropriate emergency dental care.

Activity 1. Provide Missourians with information on how to access dental services.

Action Steps:

- ◆ Provide a list of community resources that address oral health needs in each Missouri county via the Department website, including Federally Qualified Health Centers, local public health agencies, and charitable organizations.
- ◆ Provide information on transportation resources.
- ◆ Provide information on MO HealthNet eligibility, covered services, and special programs like the Partnership for Hope Waiver.

Activity 2. Support efforts to improve access to dental care.

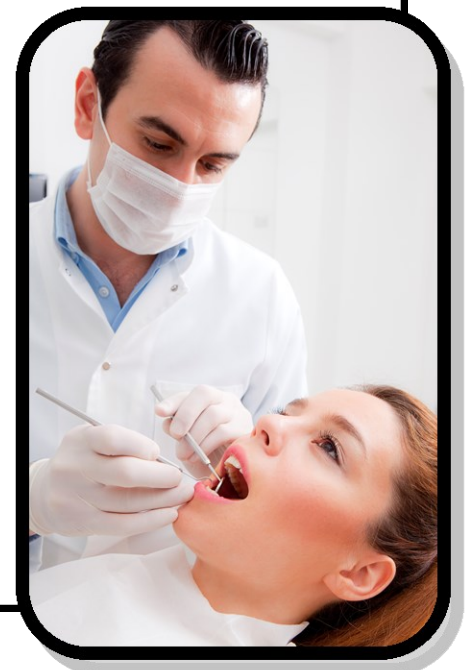
Action Steps:

- ◆ Promote and support the ability of Federally Qualified Health Center dental clinics to serve low-income populations, Medicaid recipients, and individuals without dental coverage via ongoing collaboration with the Missouri Primary Care Association.
- ◆ Promote safety net clinics and charitable events like the Missouri Mission for Mercy.
- ◆ Promote utilization of quality, affordable dental coverage.

Activity 3. Promote efficient access to quality oral health care by enhancing the capacity of the oral health system.

Action Steps:

- ◆ Encourage collaboration between dental providers and traditional health care providers.
- ◆ Promote the use of case management and other methods that assist patients to successfully complete and maintain dental treatment.
- ◆ Support initiatives that seek to reduce the use of hospital emergency departments for urgent, non-traumatic dental complaints.



Goal 8. Support the development of the oral health workforce.

Activity 1. Support and promote incentive programs that encourage dental professionals to work in underserved areas.

Action Steps:

- ♦ Implement and promote the Student Loan Repayment Program and National Health Service Corps within the Office of Primary Care and Rural Health.
- ♦ Implement and promote scholarship programs for undergraduate dental and dental hygiene students that encourage students to practice in underserved areas.

Activity 2. Support the recruitment and retention of dental professionals to work in underserved areas.

Action Step:

- ♦ Partner with the Missouri Primary Care Association, Missouri School of Dentistry and Oral Health, and University of Missouri-Kansas City School of Dentistry to recruit, place, and retain dentists that provide care to the underserved.

Activity 3. Support programs that encourage students to pursue oral health careers, including dental assistant, dental hygiene, and dentistry.

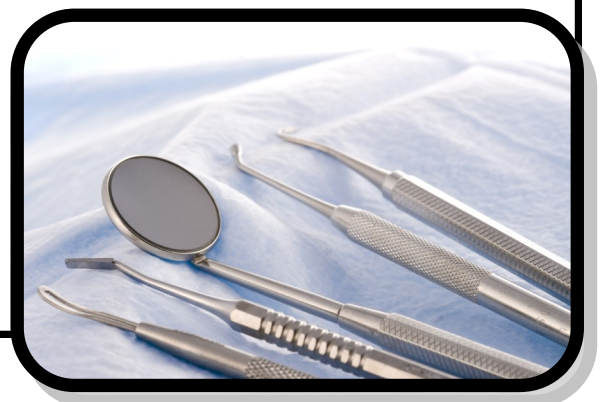
Action Step:

- ♦ Partner with the Missouri Area Health Education Centers which sponsor pipeline programs that encourage high school students from disadvantaged or minority backgrounds to pursue oral health careers.

Activity 4. Explore strategies to expand access to care through innovative approaches to oral health.

Action Step:

- ♦ Research and promote strategies such as teledentistry that seek to expand access to oral health care in underserved areas.
- ♦ Explore the use of community health workers to deliver quality oral health care and education to underserved areas.
- ♦ Support initiatives that utilize oral health professionals to the full extent of their education and legal scope of practice.



Goal 9. Implement, evaluate, and report on the Missouri Oral Health Plan: 2015-2010.

Activity 1. Ensure the Missouri Oral Health Plan is followed, but innovate and adapt where needed.

Action Steps:

- ♦ Use goals and objectives from State Oral Health Plan as a reference point for oral health initiatives implemented by the Missouri Oral Health Program.
- ♦ Promote the goals and objectives from State Oral Health Plan when discussing initiatives and projects undertaken by partners.
- ♦ Refer to State Oral Health Plan to develop new projects, address challenges, and respond to new opportunities.

Activity 2. Actively seek opportunities to implement goals outlined in Missouri Oral Health Plan.

Action Steps:

- ♦ Seek out new funding sources and collaborative partnerships that will allow DHSS to achieve goals stated in the Missouri Oral Health Plan.
- ♦ Support partners and communities that are implementing projects that align with Missouri Oral Health Plan goals.

Activity 3. Monitor progress toward meeting goals outlined in the Missouri Oral Health Plan.

Action Steps:

- ♦ Annually assess current status of progress toward meeting State Plan goals.
- ♦ Annually update current statistics that document progress toward meeting Healthy People 2020-based objectives contained in Table 1, based on National Oral Health Surveillance System components.

Activity 4. Report progress toward meeting goals.

Action Steps:

- ♦ Report progress and discuss plans to overcome barriers at least annually.
- ♦ Disseminate progress report to Oral Health State Plan Taskforce and other relevant partners.
- ♦ Create a final five-year report that discusses obstacles, successes, lessons learned, and progress toward meeting goals.



The Missouri Coalition for Oral Health

The Missouri Coalition for Oral Health, a private non-profit 501(c)(3) advocacy agency, is dedicated to improving the oral health of all Missourians, including the uninsured, the underserved, and those with limited access to health care. The Coalition works to address the significant oral health challenges faced by much of the state's population in the varied and diverse communities of rural, urban, and suburban areas of the state. The Coalition is concerned with the oral health of adults, children and the elderly, and the oral health of people of all races and ethnicities, as well as the oral health of people with special health care needs and disabilities.

The Coalition is the only organization in Missouri that is exclusively dedicated to addressing oral health policy issues. The Coalition's policy agenda is formed through a consensus process to ensure the support of a broad-based constituency that includes representation of diverse perspectives on oral health policy. Coalition successes include identification of legislative oral health champions, establishment of the first Oral Health Issue Development Committee (Oral Health Caucus) in the Missouri legislature, reinstatement of the State Dental Director, the establishment of August as Missouri Oral Health Awareness Month, holding the only oral health policy conference in Missouri, support of local fluoridation advocates, fielding a bill to support local public water fluoridation, and reinstatement of MO HealthNet adult dental benefits in the 2015 and 2016 Missouri budgets.

While efforts to advance the momentum generated around oral health policy in Missouri continue, the Coalition has shown strength and resilience in both continued development of a statewide network of oral health advocacy and in reaching important oral health policy goals. Although oral health is an often-ignored health policy issue, the Coalition remains dedicated and optimistic in its continued work and successes with the legislative champions and policy makers to advance oral health as a topic of importance among Missouri's decision-makers.

The Missouri Coalition for Oral Health was incorporated in 2006 and reorganized in 2011 with the support of the Health Care Foundation of Greater Kansas City, the Missouri Foundation for Health, and the REACH Healthcare Foundation. New bylaws and a new governance structure were established. A new Executive Director, Gary Harbison, was hired in late 2011. The Coalition is the focal point for unified work around oral health policy through leadership of a statewide network of advocates and is dedicated to improving the oral health of all Missourians through sound public policy and public awareness.

The Coalition is funded by donations, memberships, and grants from Health Care Foundation of Greater Kansas City, the Missouri Foundation for Health, the REACH Healthcare Foundation, and DentaQuest Foundation. The Coalition is a member of the American Network of Oral Health Coalitions, the Association of State and Territorial Dental Directors, and the American Association of Public Health Dentistry. Coalition members include organizations and oral health advocates and professionals throughout Missouri. The resources, perspectives, and skills of members are used to move Coalition goals forward while increasing the salience of oral health policy issues.



Appendix 1. National Oral Health Surveillance System Components with Missouri and National Statistics and Healthy People 2020 Objectives

Indicator	Missouri	National	Year	Missouri 2020 Objective
Percentage of Adults Who Have Visited a Dentist in the Last Year	61.8%	67.2%	2012	67.2%
Complete Tooth Loss Among Adults 65 and Older	65 and Older: 24.9% (65 to 74 year-olds: 23.9%)	65 and Older: 16.1%	2012	(65 to 74 year-olds: 21.6%)
Loss of 6 or more Teeth Among Adults 65 and Older	53.5%	43.1%	2012	48.2%
Percent Served by Community Water Systems that Receive Fluoridated Water	76.4%	74.6%	2012	80.0%**
Caries Experience Among Third Grade Students	54.7%	55.4%	2005	6 to 9 year-olds: 49%
Untreated Tooth Decay Among Third Grade Students	27.0%	26.1%	2005	6 to 9 year-olds: 25.9%
Dental Sealants Among Third Grade Students	28.6%	37.8%	2005	6 to 9 year-olds: 31.5%**
Cancer of the Oral Cavity and Pharynx Incidence	11.1 per 100,000 population	10.8 per 100,000 population	2010	10.8/100,000**

Notes:

Missouri adopted Healthy People 2020 objectives except where noted.

*BRFSS= Behavioral Risk Factor Surveillance System

**Created our own target instead of using national measure or HP 2020 objective.